

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V36688 (2)  
1. Corporation Name  
PGA MANAGEMENT SERVICES, INC.



Principal Place of Business Mailing Address  
100 AVE. OF THE CHAMPIONS PALM BEACH GARDENS FL 33418  
100 AVE. OF THE CHAMPIONS PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified 05/14/1992  
3a. Date of Last Report 03/22/1996  
4. FEI Number 65-0394727 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes [X] No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
GARRITY, CHRISTINE M.  
100 AVENUE OF THE CHAMPIONS  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP AWTREY, JIM L. 640 INLET RD. N. PALM BCH. FL	1.1 TITLE	CFO HOLSHOUSER, JESSE 100 Avenue of the Champions Palm Beach Gardens, FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ECHENBRENNER, BILL EL PASCO COUNTRY CLUB EL PASO TX	2.1 TITLE	TAX OFFICER POTTINGER, KIRK 100 Avenue of the Champions Palm Beach Gardens, FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D KING, THOMAS 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL	3.1 TITLE	D KLINE, VIC 100 Avenue of the Champions Palm Beach Gardens, FL
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D THORSEN, THOMAS 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL	4.1 TITLE	D CRANE, FENWICK 100 Avenue of the Champions Palm Beach Gardens, FL
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KRAUSE, BRENT WYNLAKES GOLF AND COUNTRY CLUB MONTGOMERY AL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S GARRITY, CHRISTINE M 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ECHENBRENNER, BILL EL PASCO COUNTRY CLUB EL PASO TX	2.1 TITLE	TAX OFFICER POTTINGER, KIRK 100 Avenue of the Champions Palm Beach Gardens, FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine M. Garrity* *Christine M. Garrity* 1/20/97 (561) 624-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)